

9/6 NE
JBO
3/1/4

**RESPONSE UNDER
37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 3743**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT	:	Kevin D. J. Bowden
APPLICATION NO.	:	09/648,143
CONFIRMATION NO.	:	5341
FILED	:	August 25, 2000
FOR	:	FLOW CONTROL VALVE FOR MANUAL RESUSCITATOR DEVICES
ART UNIT	:	3743
EXAMINER	:	Mital B. Patel
ATTORNEY DOCKET NO.	:	SW7255US

Do Not Enter
3/10/04 up

January 20, 2004

RESPONSE TO FINAL OFFICE ACTION

Mail Stop --AF

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office action dated October 22, 2003, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

Practitioner's Docket No. SW7255US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kevin D.J. Bowden

Application No.: 09/648,143

Group No.: 3743

Filed: August 25, 2000

Examiner: Mital B. Patel

For: FLOW CONTROL VALVE FOR MANUAL RESUSCITATOR DEVICES

**RESPONSE UNDER
37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP
3743**

RECEIVED
FEB 25 2004
TECHNOLOGY CENTER R3700

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

*(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

XX deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

XX with sufficient postage as first class mail.

37 C.F.R. § 1.10*

as "Express Mail Post Office to Addressee"

Mailing Label No. _____ (mandatory)

TRANSMISSION

____ facsimile transmitted to the Patent and Trademark Office, (703) _____


Signature

Date: January 20, 2004

Christine Goellner

(type or print name of person certifying)

* Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under ' 1.8 continues to be taken into account in determining timeliness. See ' 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

STATUS

2. Applicant is a small entity. A statement is no longer required.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No Previously Paid For	Present Extra	Rate	Addit Fee
Total	10	Minus	20	= 0	x \$9 =	\$0
Indep	1	Minus	3	= 0	x \$43 =	\$0
First Presentation of Multiple Dependent Claim					+ \$145 =	\$0
					Total Addit. Fee	\$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 50-0537.
If any additional fee for claims is required, charge Account No. 50-0537.

Date: January 20, 2004

Reg. No.: 36,326
Tel. No.: 440-684-1090
Customer No.: 22203



Signature of Practitioner
Michael A. Jaffe
KUSNER & JAFFE
6151 Wilson Mills Road
Highland Place - Suite 310
Highland Heights, OH 44143